DOCUMENT RESUME

ED 165 756 IR 006 693

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TITLE	Social Action Outreach Skills. A Training Manual Prepared for the N.C. Governor's Coordinating Council on Aging.
INSTITUTION	North Carolina Univ., Chapel Hill. Extension Univ.
SPONS AGENCY	North Carolina Governor's Coordinating Council on the Aginig, Raleigh.
PUB DATE	75
NOTE	90p.; For related documents, see IR 006 689-694 ; Parts marginally legible due to print quality
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Counseling; *Counselors; Information Services; *Instructional Materials; *Needs Assessment; *Older Adults; Outreach Programs; Referral; *Social Action; Training Objectives

ABSTRACT

This training manual for social action practitioners delivering direct service to older persons provides basic helping principles and concepts for carrying out such duties as giving and obtaining information, determining and evaluating various needs, locating and making use of appropriate resources, and keeping information records on older clients and worker activities. Divided into five two-hour training sessions, objectives include sensitizing workers to many aspects of the feelings of older persons, and improving interviewing and referral techniques. Objectives, procedures, and teaching notes are provided for each session along with a listing of materials needed. (Author/MBR)

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SOCIAL ACTION OUTREACH SKILLS

A Training Manual

prepared for

the N. C. Governor's Coordinating Council on Aging

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INTRODUCTION

Purpose

This training manual is designed for social action practitioners delivering direct service to older persons. The duties of these practitioners are varied and would include contacts with the older person through office intake, home visits, institutions such as nursing homes, and housing, recreational and social centers. Regardless of the setting or context, certain tasks are required of the practitioners. These include among others, initiating contacts with older persons, obtaining and giving information, determining needs, evaluating needs, locating resources, helping older persons connect with resources and make appropriate use of them, and keeping a record of information on the older clients and worker activities in their behalf.

The manual is designed to provide the staff worker with basic helping principles and concepts which will enable them to carry out the above duties in a more effective way. At the end of the training sessions, the staff members should have a sensitivity to how older persons feel about asking for help, be able to identify and discuss some basic principles of interviewing, characterize a professional relationship with an older person, have a beginning understanding of the process of work with an older person around a problem, and a familiarity with the value and purposes of evaluation and recording.

The manual will be used by project directors and agency directors to provide 10 hours of in-service training for project staff members. The manual has been programmed into five sessions each lasting two hours. The sessions may be taught over a period of time or in a more concentrated time span. The former would allow more opportunity for exercises in skill development. The latter would be more appropriate for the development of a theoretical base.

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SESSION ONE

HELPING PHILOSOPHY AND INTERVIEWING PRINCIPLES

PURPOSE: To sensitize workers to feelings of older persons about being in need.

To identify and discuss concepts and principles of relationship and interviewing.

OBJECTIVES: At the end of the session, each worker should be able to:

1. Have an appreciation of an older person's feelings about being in need and having to ask for help.
2. Identify and discuss characteristics of a helpful relationship with an older person.
3. Identify and discuss five interviewing principles for direct practice with older persons.

Time required - two hours

Materials needed:

1. Instructions and materials for helping exercise.
2. Paper entitled "Asking For Help".
3. Paper entitled "Forming a Positive Relationship".
4. Paper entitled "Some Practical Guidelines For Working With Older People".
5. Paper entitled "What Is Interviewing?"
6. Notes on interviewing and techniques by Nancy Hall and Louis Lowry.
7. Brief sketch of situations for role play.
8. Flip chart or blackboard.

SESSION PROCESS - ONE

OBJECTIVE	PROCEDURE	TIME
Introduction	State the purpose of the session.	5 minutes
1. To sensitize workers to feelings of olders persons about being in need.	1. Present a short lecturette based on the points made in the paper entitled, "Asking for Help."	10 minutes
	2. Ask the group members if they would be willing to share an experience in which they had to ask another person for some type of help. Emphasize and identify the feelings the group members express.	10 minutes
	3. Connect points with comments made by the group members.	5 minutes
	4. Use a giving help exercise. Pair the trainees off in twos and then give instructions regarding the exercise. Then, exchange partners to repeat the exercise. After it is over, ask the group to share their feelings about giving help and taking help from another person.	15 minutes
	5. Ask group to summarize points. List on blackboard or flip chart.	10 minutes

SESSION PROCESS - ONE, Continued

OBJECTIVE		PROCEDURE	TIME
2.	To identify characteristics of a helpful relationship with an older person.	1. Present a short lecturette based on the points made in the papers entitled, "Forming a Positive Relationship" and "Some Practical Guidelines for Volunteers Working with Older Persons."	10 minutes
		2. Ask the group to discuss these points from their own experience. Ask for additional ideas.	15 minutes
		3. In summary, ask group to name positive characteristics as you list them on the blackboard. Ask them also to list characteristics which they need to avoid.	15 minutes
3.	To identify some basic interviewing principles and techniques.	1. Present short lecturette based on points made in the paper entitled, "What is Interviewing."	10 minutes
		2. Role play, a beginning interview between worker and older person. Divide group into half and ask them to respond to the participants in the role play. One group should focus on interviewing principles and techniques. The other group should focus on the characteristics of a professional relationship.	15 minutes
		3. Summarize points on interviewing from Nancy Hall and Louis Lowry.	10 minutes

OBJECTIVE ONE - SESSION ONE

"Asking For Help"

One can hardly read a newspaper, listen to the radio, or look at television without being impressed that people are asking for help, or being exhorted to ask for help from some agency or program. While at first glance, one might not think of Ann Landers, Dear Abby, Ask Your Neighbor, or Call Sam as legitimate "help givers", there are people who do get some temporary relief through these means. Perhaps more importantly, they get advice as to which agencies to turn to in a local community. Why do people ask for help? Usually, it is for a specific purpose or to reach a specific goal. Some of these specific reasons are:

1. To learn, to acquire knowledge, a skill.
2. To acquire a specific object or thing.
3. To relieve pain.
4. To relieve tension, anxiety.
5. To change, to grow, alter feelings, attitudes and values.

People do not always verbalize their needs for help. In what other ways do people express their need for help?

1. Verbalizing but not using the word "help".
2. Through their behavior.
3. Through their facial expressions and body movements.
4. Still others may try to get some help from stating that a spouse, friend, or relative has a problem, not themselves. The person is not quite ready to admit "it is I" who needs the help.

Asking for help is a natural and normal aspect of living, a means to an end, an evidence of strength. Yet, in a matter of degree, some more -- some less, depending on the person, the circumstances and the specific request, everyone has feelings about asking for help from a social agency. The older

person in particular may have feelings about depending on another person for help after an adult life of relative independence.

CASE EXAMPLE #1

> "Mrs. Bain had appeared very nervous, and although she had not cried openly, she had wiped her eyes a number of times. We told Mrs. Bain that having to come in and ask for help from the welfare department must be quite a new experience for her. She told the worker that no one would ever know how hard it had been for her to make this decision. She said that when she went to the social security office and they suggested that she come talk with us, she had come straight on. She said she thought if she had waited for a little while, she might not have come into this office. She told us that it was extremely embarrassing to her to have to ask for help because she had always been able to make a go of it by herself. We told Mrs. Bain that we knew this must be an awfully hard thing to do since she had been so independent. However, we told her that this financial help was available to her and that we're also here to help her in any possible way that we could. We did assist her at this visit in filling out her application for old age assistance."

We might say then that some of the feelings are:

(a) ambivalence

(b) resistance

(c) anxiety, fear of: loss of control if we put self in other's hands; losing face with self, with others; being ridiculed, being rejected; and the unknown

(d) shame, embarrassment

(e) anger, resentment

(f) guilt

(g) hope, expectancy, excitement

Why do we feel that to expose our situation, i.e., our deficiency, ignorance, or deprivation is a sign of weakness, inadequacy, inferiority and unjustifiable? The principle is this: Man, while needing to be dependent on others, as a social being, also needs and wants to be independent. He wants to be self directing, self controlling.

There is a pattern of basic emotions and attitudes that are most common to all people who need help from others. The following quote is from Felix Biestek's book entitled, An Analysis of a Casework Relationship.[1]

"1. The need to be dealt with as an individual rather than as a case, type or category.

2. The need to express their feelings, both negative and positive. Their feelings may be of fear, insecurity, resentment, hatred, injustice, and so on, or of their opposites.

3. The need to be accepted as a person of worth, a person with innate dignity, regardless of the persons dependency, weaknesses, faults or failures.

4. The need for sympathetic understanding of and response to the feelings expressed.

5. The need to be neither judged nor condemned for the difficulty in which the client finds himself.

6. The need to make one's own choices and decisions regarding one's life. The client does not want to be pushed around, 'bossed', or told what to do. He wants to be helped, not commanded.

7. The need to keep confidential information about one's self as secret as possible. The client does not want his neighbors and the world at large to know about his problems. He does not want to exchange a reputation for the help he will receive from the social agency."

OBJECTIVE ONE - SESSION ONE

Giving Help Exercise

Materials needed

Enough puzzles for group to be divided into pairs -- puzzles can be made from cardboard - (See outline attached).

Handkerchiefs or other material for blindfolds.

Instructions

Instructor should divide the group into pairs. One person in each pair is blindfolded. The pieces of puzzle are spread on the table before the player. The player is instructed to put the puzzle together in a set period of time, say five (5) minutes. The player may get help from his partner.

Purpose of the Exercise

Both the player and the partner can approximate the roles of helper and helpee. Each person should become aware of his/her feelings and actions in such a situation. The following questions represent some of the points on which the instructor will want to focus.

1. Did the player ask for help in putting the puzzle together or did he try to accomplish the task all alone?

2. If the player asked for help, how did the partner respond? Did he give verbal instructions, or physical assistance in putting the puzzle together, etc.?

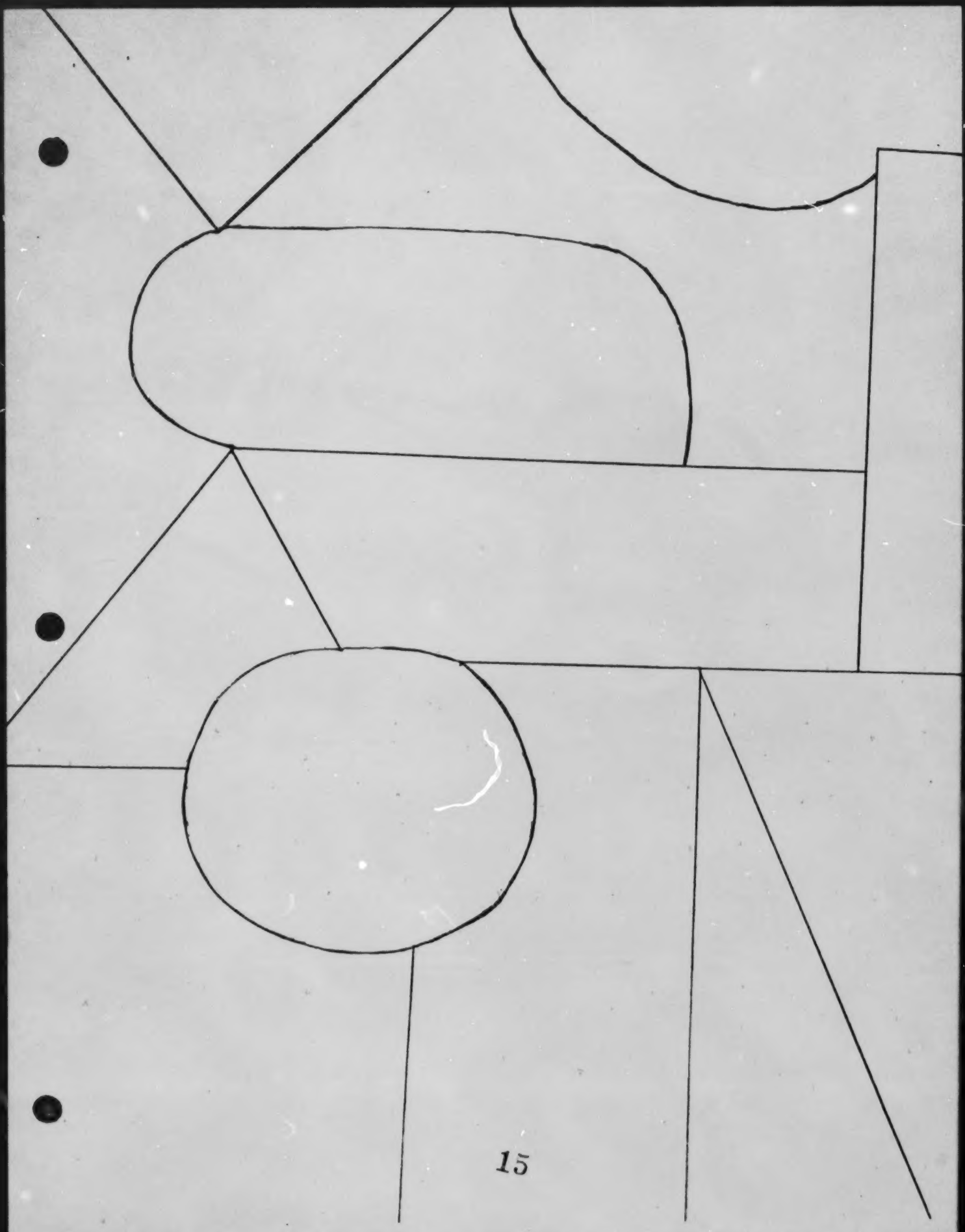
3. Did any of the partners talk about how they could accomplish the goal before actually starting the work? (Decision about roles)

4. If the player chose to struggle all alone, how did the partner feel while watching -- frustrated, because he wanted to do it for the player, helpless?

5. Did any of the partners take over and put the puzzle together? If so, how did this make the player feel?

6. How did the player feel about asking the partner for help with the puzzle -- relief, embarrassment, etc.?

The instructor will need to connect these feelings and reactions to a situation where one is the helper and the other person in need of help.



SESSION ONE - OBJECTIVE TWO

"Forming A Positive Relationship"

The professional relationship may be defined as the dynamic interaction between persons. "The casework relationship is a dynamic interaction of feelings and attitudes between the worker and the client with the purpose of helping the client achieve a better adjustment between himself and his environment." Quote by Felix Biestek.

The relationship is limited with regard to time, place, purpose and nature of discussion. It is consciously observed step by step in its development by the social worker -- beginning, development and ending. The purpose is defined in the beginning and conditions in which it will continue are set forth. Time and place for meetings are decided. Each party to the relationship has his own responsibility. The relationship does not become a personal relationship. Attention is given to the ending of the relationship. Spontaneity and humor need not be lacking. The relationship is the means for carrying out function or knowing what you can and cannot do in an agency.

We might say, then, that the professional worker is someone who:

a. does not criticize
b. does not scold
c. does not expound
d. does not seek to control
e. does not want anything from the client
f. does not share personal concerns with him
g. does pay attention to him. This is different and it should be freeing to the client!

Other ways of describing positives in the relationship:

1. Friendliness
2. Courtesy

3. Concern

4. Respect

5. Spontaneity

6. Knowledge about helping

7. Non-manipulative

8. Non-paternalistic

Louis Lowry, who has written a training manual for human services personnel, makes the following points about a relationship. The older person's ability to accept help and to improve is dependent on the strength of his relationship with the helper. It takes time for the older person to accept a new relationship.

1. Create an atmosphere of warmth, acceptance and understanding.

2. Instill trust and confidence.

3. Be consistent, honest, patient.

4. Keep in check feelings of pity, anger and frustration at the client.

5. Reserve judgement.

6. Do not impose own values on the client.

7. Recognize and understand the adult's feelings regarding the worker. Does he think of the worker as a son, daughter, grandchild, parent? Differences in age, and cultural background will provoke certain feelings in the client and worker.

Lowry further states that one must stimulate the client's motivation to accept help.

1. Recognize the fact that the older person can change.

2. Utilize his strengths to help himself.

3. Help him to do something which gives him a sense of achievement and success.

4. Help the older person to feel useful and worthwhile.

5. Help the older person to have a sense of future.

6. Help him to have a sense of dignity.

SESSION ONE - OBJECTIVE TWO

"Some Practical Guidelines For Volunteers
Working With Older Persons"

1. Because of social and physical factors, older people may not be as independent as they have been, but they do still have strengths. The fact that one is dependent in one area does not mean that he is dependent in all areas. Because a person may need help across the street, it does not follow that he does not know where he is going.
2. To balance the idea of doing for an older person, when possible, try to think of things to do with the person. Try to bring out something in them. Try to find out what they are interested in, and encourage them in their capacities and strengths. They have had a lifetime of living and learning, and they may be able to teach you something. Or, you may find you can encourage them to do things which would be of value, not only for themselves, but for other people. In this way, your service will not seem like "busy work".
3. You may be seeing an older person over a definite length of time, thus, it seems it would be good to look at the relationship. It seems imperative that you try to see the older person as an individual, and not just as a member of a group, or a resident of a center or boarding home. The most important thing a person brings to a relationship is himself. Each individual differs from the other in the way he handles his problems and adjusts to change.
4. Each older person has his own likes and dislikes and his own notion of "what the good life is". Older people still have wills of their own and you should not try to force them into doing something which they do not want to do. They have a right to choices, just as anyone.

5. Older people, like any other people, will have to go at their own pace in regard to meeting new people and hearing new ideas. There may be some resistance to meeting a stranger, as well as welcoming such a person. Some may take a long time before they feel free to talk with you. Others may start a conversation right away and soon feel toward you as if they had known you a long time. There will be some who will naturally be enthusiastic about your visits, in whatever you have to offer them. Others may appear demanding and impatient, but it may be that they have been this way all of their lives, and this is not just something due to the aging process or to their particular disability. There may be some who will appear apathetic or indifferent, they may reject any suggestion that you have to offer. Consequently, you may feel that you are not making any headway, or being of much help to this person.

6. Do not panic or give up if you feel the older person is not interested in your visits. It takes time for some of them to become interested. They may need to get used to the idea that you will be seeing them each week. The regularity of visits and your sincerity will help them to come to trust you. They may have been promised visits by family members and relatives, only to have been disappointed as time passed and no one came. If you have to be away when the older person is expecting you, please try to let him know ahead of time, so that he will not be too disappointed and will not lose faith in the relationship. They soon come to know whether you are genuinely interested in them or not. It may be that the person whom you are seeing can only appreciate the fact that someone cares enough to come to see them each week. In other words, your service may be as simple (uncomplicated) as the weekly visits.

7. It seems then that the relationship will require patience on your part, as well as flexibility. In other words, it will be up to you to see just how fast and how perceptive the elderly person is in receiving you. It will be up to you to try to gear yourself to their needs instead of trying to strive for some goal which you may have in mind for them. They will be the ones who will have to decide and determine just what they want from you and how they will receive it.

8. Some older persons may want to talk about their past, their children, deceased relatives, etc. From you then, listening may be just what they need. Some may repeat questions and subjects. Some may wander off the course of conversation and appear confused. This is only part of working with people. Some may appear childish at times, but remember to treat them as grown-ups. They may ask personal questions of you regarding you and your family, etc. Some may be very grateful for what you are doing and tell you so. You will not want to feel hurt, however, if your person is the kind of person who does not, or can not, express appreciation.

9. Let us say that your relationship with the older person should be one that is characterized on your part by warmth and sincerity, patience and flexibility.

10. We believe that the service is not as important as is the way you approach and offer the service. Whatever you do with or for an older person, it is to be hoped that it will contribute to the person's well-being and happiness, enhance his or her sense of self, letting the person know that he or she is appreciated as an individual, different from everyone else, regardless of his or her capacity and limitations.

SESSION ONE - OBJECTIVE THREE

"What Is Interviewing?"

The following material with some modifications is reprinted from Guidelines for Outreach Workers, Cleaveland Office of Economic Opportunity, Ralph Brody, 1967.

What is Interviewing?

In many ways, an interview can be simple if we use common sense. However, at times an interview can be complicated and calls for a good deal of skill and experience. You can learn how to do good interviewing. The following are some important points to remember.

What is an Interview?

Definition - An interview is a conversation usually between two people. It is carried on and guided by one person who has a definite plan and a goal in carrying on the conversation.

All of us have either conducted an interview or have been interviewed. When you register your child in a new school and you see the principal, the principal interviews you and perhaps your child. When you go to the hospital, the admissions clerk interviews you. If you get a traffic ticket, the policeman interviews you.

An interview is more than just a friendly conversation, although it certainly should be carried on in a friendly and understanding way. To repeat what an interview is: 1) it is usually a conversation between two people; 2) one person guides the interview and has a plan and a goal in mind for why he is having the interview.

The interview we will be talking about are those which outreach workers have with older persons. These principles of interviewing can also be used by community workers who work with people in many different settings.

Purpose of the Outreach Interview

1. To seek information about the older person so that you can help him.
2. To give information which will help the older person.
3. To provide a service.

Understand Yourself and Your Feelings

First, it is important that we understand our own prejudices. We all have them. Some people are tolerant of alcoholics but become very intolerant of people who do not keep their houses clean. It is easy to like and agree with a person who is similar to us in likes and lives like we do. It is much harder to understand the person who might not do things as we do.

Sometimes you may be angry with the person whom you would like to help. For example, you may feel angry with him because even though you are trying to help him, he does not cooperate; he doesn't seem to want your help. These are difficult clients to work with and you may be tempted to give up on them or to think of them as not being appreciative of your help. Try to understand your own feelings about the client and if this is standing in the way of helping him, perhaps your own feelings of anger or disgust at the client are coming across and he doesn't accept help from you easily. Try not to feel superior to people who may need your help. Try to understand why the person behaves the way he does, why he has problems. This will help you to provide better service to him.

Sometimes older persons will make you feel very good or very bad, depending on how they react to you. Often their reaction to you is not always based on you as a person but on what you represent. You may be blamed because the health and welfare programs have not cured all their problems. On the other hand, you may be seen as a magician who can cure all the problems a person has, or all the problems of the community. Being considered a magician may make you feel so good that you make promises that you won't be able to keep. Try not to make promises unless you know you can and will keep them.

To repeat, it is very important that you be aware of your own feelings as you conduct an interview. You should certainly ask yourself -- am I acting in a way that will be a real help to the older residents? All of us have bad days -- things go wrong for us. We may feel irritable and would rather not work that day. Try to be aware of these kinds of reactions and not take it out on the older person.

Understand the behavior of the person you are interviewing: Some behavior can be taken at face value. For example, if an older person acts angry because she has had to wait in an out-patient clinic for five hours, there is good reason for her to be tired and angry. It is important to understand what is really going on inside a person and not get fooled by what he or she only seems to be feeling. A little different example of this is an older woman who lies to the housing authority manager at the point of renting an apartment. She tells the manager that she intends to live alone when she really doesn't. From this we might decide that this woman is a liar and doesn't have a good character. However, if we take the time to understand why she lied, it may be because she knew she wouldn't get the apartment if the manager thought she was unable to manage the apartment by herself. Yet she needs someone to live with to take care of her. She is desperate to find a place, so she lied to get a roof over her head.

It is, therefore, important not to act immediately on what the surface behavior seems to be, but try to understand whether there is something going on within the client that makes him act the way he does. Another example of this might be the man who does not take his heart pills. Now we could preach to him that it is bad to be neglectful and he should change, but unless we understand some of the reasons why he is this way, preaching and giving advice won't help. Sometimes a man doesn't take his medicine because he has given up; because he has little hope of things ever getting better. However, if we can help him with his problems, show him that we care, very often this will

help the person not to be so lonely, so disgusted, and to feel that there is some hope. Then he may feel like keeping track of when he needs to take his medicine.

How do you start an interview: It is usually best to begin your interview in a straight forward way, like explaining that you are an outreach worker; that you are interested in talking with the older person about his concerns for his house, his health or about his family. You are there for him. You are interested in helping.

Don't offer help too quickly: Before rushing in to offer solutions to his problems, try to understand the problem -- what seems to be causing it -- then try to get a good understanding of the client himself -- the kind of person he is. Encourage the client to talk about his problem

Don't make promises you can't keep: One promise you can make to the client is that you will try to do everything you can to help him. You should not give him false hope that everything will be alright and that you will be able to cure all of his problems, but you can guarantee that you will try to do as much as you can and that you will stick by him until things get better.

Know what you can and cannot do: A sign of a skillful interviewer is when you know what you can do and what you cannot do. Know the agencies that can be of help to clients. Know how to make referrals to these agencies. Know what you can do for the client yourself and when you should go to other agencies or to your supervisor for help. It is no disgrace to get help in assisting an older person. That's the sign of a good worker -- one who cares. Don't feel that you have to do everything for the client yourself. Know what not to discuss in your interviews. Try to be careful about going too far in opening discussions that you will not be able to fully handle. For example, if Mrs. Jones wants to talk about her very difficult marriage problem, it will not help for you to go into a lot of detail about this problem. You can, however, talk with her about seeking out a good social worker at a family agency

who has a lot of family experience in helping people with marital problems. Here you can play the important role of getting your client to an agency where she can get help with the problem which is bothering her. This is a very important service. Very often the client feels hopeless -- that there is no way to get help for his problem. It can be like throwing a drowning man a life line to get him to the right agency.

Techniques to help you in interviewing: First, be a good observer. Observe how the client looks, acts, and feels. Notice the condition of the older person's home. Is the house neat or not? What's the general feeling that comes across from the client toward you? Is it friendly, not friendly, suspicious, etc. Second, be a good listener. Show that you understand what the person is saying by nodding your head, by sometimes repeating a part of what he said so that he knows you have been listening. Also, it is important to express how difficult you know it is for the client because of the trouble he is having. Third, it is usually helpful to let the older person talk first. Sometimes people need to let off steam, especially if a recent experience has upset them. Let them tell you what their problems are and then you can talk and ask specific questions to get more necessary information. In this way, you will see the problem from the client's viewpoint. You will cutdown on the older person's fears and suspicions if you ask good questions in a friendly and non-suspicious way. Your words are often less important than the way in which you ask a question or the tone of your voice and your general manner. For example, the question, "are you taking your medicine?" may sound accusing and suspicious or friendly and helpful, depending on how you ask it and how you feel about the client.

Guiding an Interview: The purpose of asking questions is to get information and also to focus the interview so that you can guide it in such a way that you will be able to help the older person. It is usually a good idea to

allow the client to talk about whatever problems he wants to in the beginning. Next, try to help him to focus on the problem he would like to work on first. Then move in the direction of what needs to be done in order to help him with that problem. At the end of the interview, repeat what the problems are as you understand them. Then outline what you are going to do for the client and when. Always be definite about when you will call him or see him next time.

Helping a person help himself: This is important to keep in mind. Very often, you will see a course of action that is necessary to help an older person and you will want to move quickly to take care of the problem. Be careful not to move too quickly or to move on doing things that the client can do himself. Sometimes it is necessary to go with the client to the Social Security Agency or to the hospital. At other times it will make the client feel better if he goes himself. You can help by giving him careful directions on how to get there or make a phone call ahead of time to let the agency know that he is coming.

People need to have a part in making a decision about what course of action is best for them. People are more likely to cooperate in a plan of action if they are part of making the decision about a plan for themselves. Some people need a great deal of help and guidance and are not able to decide for themselves. Here, you will need to give more direction, but again it is the way in which you do it. It is a helping, enabling way and not one of pushing or dictating to people. You will have to decide whether to leave the decisions up to the client or to be more direct and encourage that he take a certain course of action. Often, it is a combination of these two approaches which is required. This is what makes your job difficult but challenging and interesting.

Dealing with the client who doesn't want to talk with you: Some [illegible] may hold back and not discuss their problems with you. Sometimes

you may want to spend only a few minutes with the older person and if he doesn't want to spend more time with you, leave and say that you would like to stop back another time. Perhaps you could come back for some casual visits. For example, bring a newsletter or information about a meeting that is going on in the community that might be of interest to him. In this way, you begin to form a relationship so that the client might be more able and willing to open up about the problems that bother him.

Don't try to force your way into a home. Some residents may express anger at the number of people who come to their door offering help. It is important to understand that people have experienced a lot of broken promises. People come and ask the older persons about their problems, raise hopes, leave and never come back. If this happens, it might be helpful to say that you understand how disappointing and annoying it is to have had a string of people knocking at their door and never doing anything for them. This is where you have to come across as different from the others and show that you are sincere and really want to help them. If you can demonstrate this by doing something for the client and following through as quickly as you can, this will begin to win confidence.

Keep it confidential: Whatever a client tells you, it is to be kept just between you and him. The exception to this, of course, if when you need to discuss a situation with your supervisor or when you have the client's permission to talk about him and his problems with another agency.

The reason we keep information confidential is because we have respect for the older persons we work with and regard their lives as private. We do not share information about them with other clients, with friends or family. Sometimes, workers are tempted to do this, but it is extremely important not to break the trust the client has for you. If the client finds out that you have told someone else about him, that probably is the end of your being able

to help him because he will not be able to trust you again. Put yourself in the position of being a client talking to a worker and you will know that you want to be able to trust that worker so that whatever you tell him will be kept only between you and him.[3]

SESSION ONE -- OBJECTIVE THREE

"Summary of Interviewing Principles and Techniques"
by Nancy Hall and Louis Lowry

1. Observe how the client looks, acts, feels.
2. Listen to what is being said and what is not being said.
3. Have an accepting and non-judgmental attitude.
4. Question for specific information, but do not overdo it.
5. Utilize qualities of leadership in the interview, but in a purposeful way.
6. The exchange should have a give and take quality.
7. Respect the older person's feelings of privacy, confidentiality and comfort.
8. The timing of what is said or done for the client is of the utmost importance.
9. Reaching out -- it is important to engage those older persons who cannot express or accept their need for help, those who are too depressed and feel hopeless, and those who do not know the available sources of help.
   a. be visible
   b. be flexible
   c. be creative in your approach
   d. express conviction about what you have to offer
   e. show encouragement
   f. stimulate individuals own interests.
10. Do not discuss individual's sore spots, for example -- religion, sex, politics, and sometimes money.
11. Be persistant with your client. Visit again, even if the client has shown no interest. It takes time for trust to develop and acceptance of help is based on trust of the one giving help.[4]

Interviewing Techniques

1. Use open end questions instead of those comments and questions which require only "yes-no" answers.
2. Make use of interpretation.
3. Repeat a key word with a questioning look.
4. Listen to and rephrase what the client has said.
5. Make use of silence as an aid to interviewing.
6. Focus the direction and discussion of the interview.
7. Make use of the technique of partializing. This means that the problem must be broken down into manageable stages or time sequences. The whole experience does not have to be faced all at once. When we are facing a new situation, we react totally to it. Yet, we know that in order to feel in control, we must tackle one part of it at a time.
8. Listening. Effective listening must be an active process. To make certain that you understand what the speaker is saying, you as the listener, must interact with him. One way to do this is to paraphrase or summarize for the speaker what you think he has said. Attending to non-verbal behavior that the speaker is communicating, along with his verbal expression, usually helps to understand the oral message more clearly. Often a facial expression or gesture will "tell" you that the speaker feels more strongly about his subject than his words will communicate. Listen, who else in the busy pace of life takes time to hear the older person's "organ recitals", their fears and their complaints? Don't turn them off or become impatient. Listen for what is beyond the content, listen for meaning. What is the person trying to convey to you? Listen in order to understand. Listen for trends or patterns, for inconsistencies, sudden break-offs, or change of subject; listen to feelings. Listen to determine if there are services, suggestions

you might offer. Listen, even when you cannot help or do not have a service, or do not have an answer. Listen because you care that this person hurts, even though you cannot do a thing about it, listen and empathize.

9. At the end of the interview summarize what has been said and go over the next steps for you and the client.

SESSION TWO

DEFINING THE PROBLEM

PURPOSE: To give the workers some means to learn what the problem is, and to enable them to interpret its meaning to the older person, and for future action.

OBJECTIVE: At the end of the session, the worker should be able to:

1. List areas of social welfare needs which are to be assessed with each older person for possible problems.
2. Identify the older person's problem based on assessment criteria.
3. Determine if some type of immediate action is needed.
4. Identify the steps necessary for referral.

Time Required: Two hours

Materials Needed:

1. Paper entitled, "Problem Identification and Needs Assessment of Older Persons."
2. Film, case example, tape to be used for assessment exercise.
3. Article, "Referrals -- How-When-Where."
4. Article, "Short Term Service in an Information and Referral Center."
5. Examples of referral situation and summary of skills.
6. Summary of referral by Louis Lowry.

SESSION PROCESS - TWO

	OBJECTIVE		PROCEDURE	TIME
	Introduction		State the Purpose of the Session	5 Minutes
1.	To list social welfare needs of older persons to which workers should be alert in interviewing.	1.	Use teaching notes on "Problem Identification and Needs Assessment of Older Persons". Ask group to name the problem areas they have found most common in work with older persons. Compare with the list found in the above paper.	20 Minutes
2.	To provide means of determining wherein lies the older person's problems (assessment skills).	1.	Assessment exercise, Use case example #2 and/or #3. Ask group to identify clues to how a person is feeling, thinking, etc.	20 Minutes
3.	To provide means of differentiating levels of need - examples which are of crisis nature and examples which are of the more problem solving nature.	1.	Use questions in the above paper to determine if there are areas of immediate need for action and service.	15 Minutes
4.	Identify the steps necessary for referral.	1.	List steps necessary for referral using articles "Referrals -- How-When-Where" and "Short Term Service in an Information and Referral Center".	20 Minutes
		2.	Have the group members draw out of a hat a case vignette and have them justify decision for referrals - discuss. See examples of cases, Mrs. K. and Mr. D.	25 Minutes
		3.	Summarize using notes from Lowry.	15 Minutes

SESSION TWO -- OBJECTIVES ONE, TWO, AND THREE

"Problem Identification and Needs Assessment of Older Persons"

In this first step of defining the problem, we must obtain information which can lead us to some tentative conclusions. We obtain this information through our personal observation of our client - his appearance, his behavior and his verbal and non-verbal communication with us. At times, we may obtain information from a third party or from records, reports, etc. We want to get to know our client in order to be of assistance. We do not want to obtain information just for the sake of getting it. It will be of no benefit unless we can serve the client better. Older people in conversation may state areas of concern. This may be through their request for someone to visit them, or it may be through the initiative of the outreach worker. You may see areas of need which the older person hasn't mentioned. Unless these needs are of urgent nature, it is best to start with what the older person sees as a problem. You may be visiting older persons in a routine fashion, when no problem has been identified either by the older person or another source. These interviews may seem harder because there is no particular focus when you first go in. The purpose may be to give the older person some information about a service or activity which might be of interest to him. The purpose may be to get information to determine if there might be help available. While you do not want to sound like a game of twenty questions, there are broad social welfare areas which you will want to be alert to for possible difficulties.

We look for the broad areas of common human needs; such as, health, mental health, housing, living arrangements, financial resources, relationship to family, friends, mobility and meaningful activity. If you are planning for a group of older persons, you may need to obtain information on sex and age, as it can make a difference in the kinds and frequency of services needed.

Check list of Needs:

1. Age

Age definitely bears on recognizing needs. It makes a difference whether the older person is 65, 75 or 85. The number age 75 and over, are increasing dramatically, and are increasingly made up of women. A young 65 year old will not have the same characteristics as an 85 year old and subsequent planning would be different.

2. Sex

Is there a difference in needs of older men from older women in planning services? Ask yourself these questions. Would it be easier for men or women to accept homemaker or attendant care services? Our experience has shown that it would be easier for men to accept. They have never learned or acquired homemaking skills or habits. Therefore, there is not the same sense of loss or threat as we have found it is for women. In fact, with one couple, the attendant pleased the man so well with her biscuits, that the wife became jealous and fired her. She has had a succession of attendants, and despite work with her, she cannot seem to accept her need for attendant care, although she is nearly blind.

3. Housing

Is it adequate in regard to cost, convenience, comfort and safety? Should the older person consider a move or an alternative type of living arrangement? What is the domicile's relationship to the neighborhood? Is it a safe or rowdy section? Will the vulnerable older person feel physically safe? Where is his home in relation to facilities, conveniences - on or near a bus line? Can he get out or can people get to him if he lives in a rural setting? Would he have to climb a steep hill or cross a creek? Can the standard of living in housing be improved through repairs, insulation, painting, furniture and appliances?

4. Living Arrangements

Does the older person live alone, with spouse, relative, friend? Does he maintain his own household, or does he have room and board, kitchen privileges? Do any of the older person's children live with him or near him? If the elderly person lives with a son or daughter or close relative, what is the nature of the relationship? If living separately, are they alienated or do they visit and keep in contact? Does the older person have friends in the neighborhood on whom he could call for help, to check on him - a buddy system, or is he socially isolated, unrelated?

5. Physical Health

a) Prevention - has the person had a recent medical examination? Is it medically safe for the person to live alone or should he consider alternate living arrangements?

b) Detection - what are the complaints of the person? What can the worker observe in regard to physical appearance, behavior and conversation? What clues to both physical and mental health can be received from observing color of skin, care of hair, countenance and eyes, weight and mobility?

c) Treatment - Is the person availing himself of facilities for care and treatment? Is he satisfied with the treatment? Does it sound adequate to the worker?

d) Food - elderly persons tend to prepare meals that are cheap, easy to fix and easy to chew. This is true for a number of reasons.

1) Inadequate funds

In a survey made at the introduction of the food stamp program in one welfare agency, the reasons the elderly gave for not taking the stamps was that they did not spend that much money per month for food. They did not spend it because they had to spend the money for other items not included in their check.

We know that when you have to skimp, cutting down on food is one of the first things you do.

2) Convenience

One man told the worker that it was easier to open cans, buy moon pies, and drink pepsis. Another woman proposed the question, "Why cook in three pots, when you could put it all in one?"

3) Lack and/or Loss of Appetite

Lonely and isolated individuals may lose interest in food. Conversely, food may become a companion with over-eating as a result. Loss of appetite can be due to lack of exercise, illness and physical inability to cook. The worker will want to establish what the eating habits are and if there are special dietary needs connected with the physical condition; such as diabetes or high blood pressure.

6. Mental Health

Is the person stable, or out of touch with reality most of the time; disoriented, with some lack of contact with reality or confused? Individual personality factors in past life experiences have a significant influence on the final outcome of aging. One fairly common phenomenon, however, is the tendency of thoughts, perception, and feelings to be drawn away from the external environment on to oneself. This predisposes the person to hypochondriasis, turning to the past and progressive loss of contact with reality. Hearing losses are practically universal, especially for high tones and sounds. The person who is continually unable to comprehend what others around him are saying may become suspicious or even paranoid.

7. Daily Functioning

Is the older person capable of keeping house, preparing proper meals, taking care of personal needs, such as, administration of medicine, grooming, and hygiene? How realistic does the worker feel the client is in evaluating his ability and capacities to function adequately? Will the elderly person be able to remain in the home with self care aids and home care services?

8. Financial

In the workers discussion of resources, we should encourage the elderly and help them obtain their rights to social security benefits, pensions, and so forth. We can take this occasion to talk with him about the feasibility of obtaining part-time jobs and other meaningful activities.

9. Meaningful Activities

Having the basic necessities of life is not enough, for most people. Everyone yearns for a life that has meaning to him. Many older persons, without their usual roles of worker and parent, begin to feel somewhat empty. They usually begin to invest their interests and energies in other people and activities, though perhaps to a lesser degree. As you talk to an older person, you will want to learn what he considers most significant in his life, and what still has meaning to him. The worker will want to be especially alert to a seemingly absence of activities by the older person.

10. Relationship to Family

Many older persons would rather do without something they need than to call on one of their adult children. This is out of concern for their grown children and their welfare; however, the worker will need to ascertain what the feeling is between older persons and adult children. If the relationship has been good throughout life, it will probably continue that way.

As you are getting information, you are sorting through what you hear. You are beginning to analyze it, trying to understand, to see what it means. You want to be able to put it all together and make some meaning out of it. One gets information in order to know where the client needs help, to alert the worker to know what to offer the client, and to make her decision regarding further action.

Assessment Criteria

1. Does the problem as you and the client view it fall under one or more topics on the Needs Assessment List?
2. Is the nature of the problem such that the solution or intervention by you would call for crisis or an immediate action, short-term (up to three months), long-term (over six months), or continuous (chronic)?
3. Can you determine if the problem is of recent origin, or it is more long-standing?
4. If it is a long-standing problem, how has the client dealth with it in the past? What has he tried to do about the problem?
5. What is the client's feeling about the problem?
6. What strengths does the client have to deal with the problem situation?
7. What are the client's weaknesses that you see he has?
8. In what ways does the client need assistance from someone else?

When one has the answers to the foregoing questions, the worker will be able to make a decision. The decision could be made as early as the end of the first interview, or after a series. The information will point the worker to the steps to take next. The information which you received through your interviews with the client, your observation of his appearance and behavior and other means of non-verbal communication will lead you to a conclusion in terms of whether there is an immediate need for action, more short-term needs

or those of a longer, more continuous nature. Or, your work may involve all three types of planning for action. For example, finding a client without food, heat, or in need of a refill on a prescription could certainly warrant some immediate attention. The client who needs to have his glasses fitted, or needs to go to the social security office, or who wants to get his house insulated for winter may not be in immediate need, but it is certainly one of short-term duration. Likewise, we need to distinguish those types of situations which are more chronic or long-term in nature. Such examples would be transportation to any place on a regular basis; for example, the medical clinic, the senior citizen's center, the grocery store - if public transportation is not available and no other means are available. An aid or homemaker to visit a homebound person to cook meals and do light housekeeping is an example of a more permanent nature. Occasionally, you may find a client in a crisis type situation. Some examples would be the client who is unable to talk, is paralyzed, or whose speech is incoherent, or in a state of daze and confusion. Other crisis types may involve severe weakness due to the lack of eating, recent death of a spouse or significant person, or loss of a favorite pet, such as an animal or something else which severely disrupts the everyday routine. There is a break and a loss in functioning. This means that the client, for whatever reason, is not able to carry on in his usual way or manner. For some external reason or from his own perception or combination of both, the client feels a loss of control. He is not able to behave or act in a way that would be helpful in getting him back in the driver's seat. It may be a role change such as becoming a widow/widower, or moving from an independent state to a dependent one, such as leaving one's home to go to a nursing home, or an illness or disability which throws one in a patient role. When a worker runs across these and other similar situations, he should be alert to connect the older person to a professional counselor as well as seeing to those immediate tangible kinds of service which he can set in motion.

These would be calling a doctor, ambulance, relative, or securing a neighbor to stay with the older person, or preparing a meal, etc.

SESSION TWO - OBJECTIVE TWO

Assessment Exercise

Case Example #2

This is the case example of Mr. and Mrs. Regent, who are 74 and 71 years of age respectively. They live in the country in an old frame two story house which is badly in need of repairs. The roof is in bad shape and the front porch is about to fall off the house. At the time the worker visited, the home smelled very musty, as if rain had been leaking into the house. The worker noticed that on the walls of the home spots appeared where the water had leaked through. Also, there was an odor of gas in the house and Mrs. Regent explained that the gas heater had exploded but she had done nothing about it. Neither Mr. nor Mrs. Regent seemed to be aware of how to go about making the necessary repairs on their home.

The worker noticed when visiting in the home that both Mr. and Mrs. Regent appeared to be somewhat childish in their actions and very much dependent upon each other. Neither Mr. nor Mrs. Regent seemed too much aware of what was going on, and it was difficult to discuss their situation with them. Both Mr. and Mrs. Regent complained of being ill, yet they did not have transportation to the clinic. The worker found it extremely warm and the weather outside was such that the amount of heat in the house was not actually required.

The next area to come into focus was in terms of the Regent's nutritional needs. Mr. Regent had been going to the grocery store and bringing groceries home in a cart, however, this was extremely taxing for him. Mrs. Regent, in poor health also, was not able to cook very much and consequently her husband had to help with this. This was proving unsatisfactory.

The Regents own their home which has a lien against it because they receive welfare checks. They have a total income from welfare and social security of $120.60. The worker also learned that Mr. Regent has a niece who lives in the community, but apparently she does not have much contact with them.

SESSION TWO - OBJECTIVE TWO

Assessment Exercise

Case Example #3

Ms. Fanny S. Pinrod, an unmarried 85 year old woman, has been receiving old age assistance from the welfare department since December 1946. Ms. Pinrod has lived for approximately 50 years on the lot of her former employer. After she became too disabled to be employed, she continued to be given a home with her employer. She is blind in one eye with the other badly affected. During the first year Ms. Pinrod received assistance, she would live for a few months with her sister and then with friends. She always maintained her room with Mr. and Mrs. Sharpe at 824 Carolina Avenue.

As Mrs. Sharpe's health began to fail and she became more and more helpless, her children felt it necessary to close the home and to take her into their own homes. This left Ms. Pinrod without a home. Mrs. Morris Sock, one of the daughters, contacted the agency and explained the situation of Ms. Pinrod and her need to find a home. Mrs. Sock also explained that Ms. Pinrod had never handled her own check, nor had she been responsible for paying any bills, therefore it would be necessary for someone to do this for her. She mentioned that Ms. Pinrod had no formal education, which made it even harder, she thought, to do these things for herself. Ms. Pinrod is a good cook and housekeeper and no help is anticipated in these areas. Mrs. Sock felt that she could help in furnishing an apartment for Ms. Pinrod, and advance any money necessary to get her situated. This, however, would have to be refunded.

SESSION TWO - OBJECTIVE FOUR

"Referrals -- How-When-Where"

What is a referral?

To direct a person or a family to an agency for information or a service. Let's look at this example:

An older couple has been threatened by their landlord with eviction, what would you do? Check where you would refer them.

- to an inexpensive hotel
- to the police
- to legal aid
- to their landlord
- not enough information to know

You might have to refer them to all these sources - but with so little information you couldn't make a good referral at this point.

What is a good referral?

First, a good referral doesn't have to be difficult. But you do need certain important information before you act.

Divide the class into groups of three or four people. Each group should work out a situation where an older couple is being evicted. Work out all the details of what happened up to the point where the couple came to you for help. Each group should choose one person to be the worker, and another person to be the client who is facing eviction. The "worker" and the "client" from each group should be given ten minutes to conduct an interview in front of the class. In this interview, the worker should show how he would help the client with his eviction problem.

Here are twelve pointers to think about:

1. Why is the couple being evicted at this time?

2. Did the landlord tell them they were going to be evicted or did they receive a written notice of eviction? Who sent it?
3. Do you know what their legal rights are?
4. What have the clients done about the problem so far?
5. What has been your attitude toward the clients in the interview? Do you come across as wanting to help? Do the clients see you as capable of helping?
6. What do you know about the clients? What kind of people do they seem to be?
7. Have they had the problem of eviction before? How did they handle it then?
8. What agency can help?
9. Have you planned with and not for the couple in considering how to help them? Do they want to go where you're sending them? Do they understand why you are sending them?
10. Should you call the agency before you send the clients or just send them directly there?
11. Should the couple go alone or should you go with them?
12. What if they won't go? What do you do? What if they say they'll go, but don't? What if they do go? Are you finished with your responsibility?

Sometimes we want to help people so much that we act too quickly. We tell the client to go here or go there when we're not entirely sure it is the right place for him to go - or more important, whether he's ready to go. Should he go alone or should you go with him? Then, there's the question of whether he got to where you referred him and what happened. Did you follow up to see that he got what he needed?[5]

"Short-Contact Services In An Information And Referral Center"

The first of these, the referral of people for help, involves the skills we wish to discuss. These are not different in kind from the skills needed by all caseworkers. We must understand ourselves (to a degree at least), be able to "reach" other people, listen, respond appropriately, and respect and know the limits of our own agency's function. We specialize in defining a client's problem within a short time. In order to refer him to the right place, we need to develop certain essential skills.

Some problems are simple: the client knows what he needs and we can tell him how to find it. Three complex problems will be described: (1) that of the client who can only state a part of his problem; (2) that of the client who asks for help with something other than his real problem; (3) that of the client who is avoiding his problem.

Helping The Client With Part Of His Problem

"Mr. O., a well-dressed, courteous man, came to the Community Information Center to ask for a loan so that he could drive his wife and two children back east. He had hoped Minneapolis would improve his wife's health, but this had been a vain hope, he was unable to get a job and their money was now gone. The caseworker at the Center responded that only loans on a commercial basis from loan companies were available, explaining why. Recognizing the client's pride, the caseworker did not mention the possibility of getting assistance from the welfare department until he asked about it. Then, she said that the Minneapolis Public Assistance Department would have to ask for Mr. O's agreement to be returned to his place of settlement after she got an O.K. to return the family from the welfare department in his home town. Mr. O. thought and then explained that his father, to whom the family could go for a while, was old, nervous, and would be distressed by a telephone call from him for money. The caseworker agreed that his problem was difficult. Mr. O.

smoked silently for a while, the worker's silence suggested an acceptance of whatever he decided. Suddenly, he said that he was going to telegraph his father for money and he grabbed the caseworker's hand, saying it was good to know that somebody in Minneapolis cared about him."

The caseworker's offering of clear information, her calm acceptance of him and her willingness to let him reach his own decision helped give him enough strength for his next step.

Helping To Bring Out The Real Problem

Sometimes it seems better to lead the client toward recognition of the real problem. "Two women, who came in for addresses of boarding homes for their sister, seemed hesitant and nervous. The caseworker gave them information, listening carefully to their questions. Accepting them as deeply concerned, she gave them time to offer more and more examples of their sister's extreme behavior. They grew bolder and bolder. One of them guessed it was not a boarding home her sister needed. The caseworker agreed. After further discussion, they left to seek the advice of a psychiatrist, relieved that they had taken a first step in admitting a secret which, up to that point, they had been ashamed of".

Helping The Client To Discuss The Problem He Is Avoiding

Sometimes, instead of encouraging a person to talk freely, the worker must limit and direct the conversation.

"Mr. B. asked for $50 for glasses and $50 for his new teeth. He earned $21 a week and received $21 a month pension. Mr. B. started to tell his life story.....he had been a minister, he had had three nervous breakdowns. When the caseworker tried to get to the point, he remarked, "Don't interrupt me." She replied firmly but kindly that she must interrupt him to talk about what he had come for. Then, he began to discuss what he had come in for with considerable zest."

The decision to take control during an interview needs careful study.

SUMMARY OF SKILLS

The skills employed in these three examples might be listed thus:

1. Explanation of the function and purpose of the agency and how this relates to the client's request.
2. Giving the information the client requests, at once or gradually, as indicated.
3. Listening, waiting, and relaxing -- as needed.
4. Emphasis on the present situation, on securing from the client only essential information.
5. Early recognition of the kind of person the client is and continuing sensitivity to him and his needs.
6. Different degrees of caution. Go slower or faster in the interview according to the needs of the client.
7. Taking hold of and using information as the client shows interest and capacity to use help.

In each case, the worker, for different reasons, did not pursue the deeper problems shown and avoided long discussions.[6]

SESSION TWO - OBJECTIVE FOUR

"Mrs. K. - Out Of A Job And Sick"

Mrs. K., age 51, has lived alone for three years. During this time, she has been a factory worker. She had an accident more than two years ago, and had to have an operation. She returned to work two months ago but was physically unable to continue working, and she has not been working for several months. Her twenty-three year old son, Bob, has just returned from the Army and has not yet been able to find a job. The house in which Mrs. K. rents an apartment has just been sold and she must leave in two months. She has enough money to live on for about a month.

Check the agency to which you would refer Mrs. K.

- Family Service
- A Public Housing Project
- The Welfare Department
- An Employment Agency

Explain why you would make this referral.

_____

_____

_____

SESSION TWO - OBJECTIVE FOUR

"Mr. D. - Lonely And Old"[7]

Mr. D. is 68 years old and lives alone. He recently hurt himself in a fall at his home, and now walks with difficulty. He has no relatives in the city. He lives on Social Security. Since his accident, he has had trouble taking care of his apartment, in shopping and cooking. He is hard of hearing and sometimes gets confused in conversation. He does not wish to go into a nursing or old age home. He wants to live by himself.

Check the agency to which you would refer Mr. D.:

- Social Security Office
- Family Service
- Institute for the Deaf
- Golden Age Hobby Club

Explain why you would make this referral.

_____

_____

_____

SESSION TWO - OBJECTIVE FOUR

SUMMARY

(Notes from Louis Lowry)

Referrals

Referrals should be made in accord with the individual's need, agency policy and community resources.

1. Determine the individual's need and the appropriate resources to fill the need.
2. The individual must be helped to see the need for the referral. It cannot be made against the person's wishes.
3. The worker is the liaison between the client and the referral or the referring agency, and should follow through on those referrals made and those accepted.
4. Permission (often in writing) from the individual to give information to the referral source is necessary. In the same way, on a referral received, follow-up information to the agency should also have the client's permission.
5. Confidentiality must be respected.[8]

SESSION THREE

DETERMINING WHAT SHOULD BE DONE ABOUT THE PROBLEM

PURPOSE: To help the worker to realize the value of setting goals and involving the older person in this process. To help the worker and client look at the feasibility of the goals in terms of people and service resources, and to consider alternative ways of meeting goals.

OBJECTIVES: At the end of the session, the workers should be able to:

1. Determine with the older person what he wants to do about the problem.
2. Identify steps to take to reach a decision or the goal selection.
3. Form a plan of action including involvement of other people.

Time Required - Two hours

Materials Needed:

1. Paper entitled, "Co-planning and Goal Setting".
2. Copies of case examples for group to analyze - may want to use Regent, Pinrod, or Anderson.
3. Notes on "Plan to Involve Others".
4. Summary notes by Louis Lowry.
5. Paper to be used as work sheets by group to formulate plan of action

SESSION THREE

	OBJECTIVE		PROCEDURE	TIME
	Introduction		State Purpose of Session.	5 Minutes
1.	Determine with the older person what he wants to do about the problem.	1.	Present teaching ideas from the paper entitled, "Co-planning and Goal Setting".	30 Minutes
2.	Identify steps to take to reach a decision on the goal selections.	1.	Present group with a problem (case excerpt). Get group to brainstorm for various solutions.	25 Minutes
		2.	Use notes from "Plan to Involve Others".	10 Minutes
3.	To enable workers to know how to make a plan of action including the involvement of other people.	1.	Have group design a plan of action for work on the above case example.	40 Minutes
		2.	Summarize session.	15 Minutes

SESSION THREE - OBJECTIVE ONE

"Co-Planning And Goal Setting"

Assuming that the problem identified is not of a crisis nature (which requires different skills from what we have been focusing on in this training session), the worker will need to take the following steps. Through talking with the older person:

1. He will need to determine if the client wants to do something about the problem. Sometimes people live with problems and don't wish to do anything about them; or they may think there is no solution; or may not know that there are ways to deal with the problem; or may not feel people care enough to work on their problems with them.

   Also, it is possible that the worker or someone else sees a problem and the older person does not. Therefore, it is imperative the older person indicate a desire to work on the problem or give consent to the worker. We call this involving the older person in the problem solving process. Otherwise, everything the worker does may be naught if he doesn't have the client's cooperation. Some older persons may never come out and say it is alright to do thus and so, yet you will be able to sense whether it is alright to proceed on a course of action.

2. After being sure that the client wants to do something about the situation, the worker should not blindly strike out in terms of accomplishing something. The next step is to state exactly what the client wants done about the situation. The definition of the goal flows directly from the definition of the problem. If we have defined the problem correctly, it is easier to define the goal.

   For example, if a worker concludes that a client appears depressed, and erroneously thinks that this is an expected consequence of old age for which nothing can be done, then she may not suggest anything, or may not even talk to the client about this. In contrast, the worker may see this

emotion as being caused by some loss, with subsequent anger or guilt. Therefore, her immediate goal may be in trying to engage the client in expressing some feeling of loss. From there, in a more long-term fashion, the worker might suggest the client talk to her doctor or pastor or offer to take her to the mental health clinic for counseling, or she might suggest some type of social recreational activity which would give the client an opportunity to meet people and engage in activities over a period of time. Again, before we set the goals, we need to know more about the problem.

Goals have been called "flip side" of the problem or the end product, or the situation as we would ideally like to see it. The goal tells us where we are going. It sets a direction for us.

3. As the worker and client are thinking about the direction to take or the end result, it is necessary to consider the following before a final conclusion is reached. One must evaluate the feasibility of the goals being considered.

   a. Is the goal realistic, can it be achieved? Goals must be achievable. Does the older person have the capacity with help to achieve it?

   b. Are there resources which are available, accessible and appropriate to use in reaching the goal?

   c. Does the worker have time and expertise, or are there others to whom the older person can be referred for help? Can the goal yield some immediate satisfaction for the older person?

4. When the goal has been deemed an appropriate one, the worker and the client can begin to look at the various ways or solutions to reach the goal. The worker should encourage the client to think of possible solutions to his own problems. The older person needs to feel that he is still capable of thinking, planning, doing for himself and others. The worker wants to try

to strengthen the older person's capacities and help him maintain control wherever it is possible. The worker can respond by advising - re: the practicality of the proposed solution and possible outcome. These alternative ways or options must also be ranked in terms of feasibility, using the criteria of availability of programs, services, resources of people, money and time, and priorities. The worker will certainly have more knowledge about this than the client and will be expected to be more active. However, we again stress that is is important that the client feel alright about the means to be employed. The worker will need to inform the client of the possible outcome of the selected means and be prepared to change it if need be.

SESSION THREE - OBJECTIVE TWO

Case Example #4

Mr. Nathan Anderson, age 47, and his wife, age 68, are recipients of the welfare department. Mrs. Anderson has received old age assistance since 1961 and Mr. Anderson has received aid to the disabled since September 1962. They were married in Forsyth County in 1954. Both have been married previously; neither had children by their marriages. However, Mr. Anderson had an illegitimate child by another woman before he separated from his first wife. Mrs. Anderson suffers from high blood pressure, heart trouble, nervousness, and diabetes. Mr. Anderson suffers from arthritis, high blood pressure and nervousness.

Mrs. Anderson has lead an active life. She has been rather independent. She seems to have been the controlling figure in the home, and has more or less gotten her way in everything. They have had many marital problems, and Mr. Anderson has walked off and left her several days at a time. There were times when it was almost impossible to talk with him. It was during his outbursts of temper that he would desert Mrs. Anderson. He has always returned and apologized for his behavior and they would go on from there. Mrs. Anderson has admitted to the worker that she should not have married a man 21 years younger than herself, but her health was failing and she was looking for someone to take care of her. Mr. Anderson says he was out of his mind when he married such an old woman.

Mrs. Anderson's condition became quite severe with her suffering much pain in her legs. It became necessary for both legs to be removed far above the knee. She was aware this would eventually have to be done, but she had a difficult time coming to the decision for an operation. After Mrs. Anderson had undergone her operation and was again in her home, confined to a wheelchair, it seemed the couple were not going to live together long. Mrs. Anderson was quite depressed about her situation and felt hopeless; she felt unwanted and

not needed, and definitely left out of the picture. Mr. Anderson, during this time, was very agitated and frustrated with the situation, and threatened to leave her.

SESSION THREE - OBJECTIVE THREE

"Plan To Involve Others"

Usually, in order to reach the agreed on goals, it will be necessary to involve other persons in addition to the worker. There may be several levels of involvement, from the first level of informing other persons what will be taking place, to securing the time and commitment and service of other people. Adult children who are in the client's picture should be informed of the plan (again, with the client's consent). Service persons, such as a homemaker, attendant or companion who will be involved in the implementation or actual problem solving should be contacted, scheduled and carefully prepared as to their exact role. We need to give a lot of attention to the planning stage so that good results may be forthcoming. It can be very upsetting to promise the older client a homemaker, only to find that the person is already overscheduled and cannot meet the appointment. If the client is to participate in an activity outside his home, such as participating in a feeding center, attendance at a day center or outpatient treatment at a clinic, the worker should inform and prepare these resource persons about the client and when to expect him. This will enable the client to feel better if he knows people are expecting him and they are ready to serve him.

SESSION THREE - OBJECTIVE THREE

"Summary Of Session"

(Notes from Louis Lowry)

1. Is the individual in agreement with your goals for him?
2. Does the older person have the capacity to achieve this goal?
3. Is the plan realistically possible from the point of view of available resources, worker's time, etc.?
4. What resources are available to help?
5. Make a plan of action based on knowledge of the problem or problems.[9]

SESSION FOUR

WORKING ON THE PROBLEM

PURPOSE: To enable the worker to be clear about the duties of each party - himself, the older person, other people as they work together on the problem. To give the worker some understanding of several helping concepts which can enhance his work with the older client.

OBJECTIVES: At the end of the session, each worker should be able to:

1. Identify and discuss the activities of the worker and the older person working on the problem.
2. Be familiar with the concepts of ambivalence and choice as they effect the work with older persons.
3. Be familiar with steps of ending the contacts with an older person.

Time required - Two hours

Materials Needed

1. Instructions on purpose of exercise - Reach Out Game
2. Copies of case vignettes (several).
3. Teaching notes on "Working on the Problem".
4. Teaching notes on ambivalence, choice, and ending with the client.

SESSION FOUR

	OBJECTIVE		PROCEDURE	TIME
	Introduction		State Purpose of Session	5 Minutes
1.	Identify and discuss the activities of the worker and the older person in working on the problem.	1.	Use notes from paper entitled, "Working on the Problem".	10 Minutes
		2.	Have the group to play the "Reach Out Game", or use case vignettes for problem solving.	
2.	Be familiar with the concepts of ambivalence and choice as they effect work with the older person.	1.	Present a short lecturette on the concepts of ambivalence and choice. Stop throughout to ask group members for examples of these concepts as they recognize them in their work.	20 Minutes
3.	Be familiar with steps of ending the contacts with an older person.	1.	Use teaching notes from "Ending the Contacts With the Older Person".	15 Minutes
		2.	Summarize.	15 Minutes

SESSION FOUR - OBJECTIVE ONE

"Working On The Problem"

With the problem defined, goals set, and a course or plan of action chosen, we are now ready to go to work on the problem. The worker will need to explain to the client what he expects to do on the problem, with whom, and how long he thinks it will take. There may be steps or tasks which the client is expected to accomplish. If some other service personnel and/or members of the family are involved, the roles or activities should be clearly spelled out to both the older person and to each other. There should be no confusion as to what each person is expected to do. It is the worker's responsibility to see that each duty is clear. The worker should introduce other service personnel, such as a homemaker to the older person and go over the tasks in the older person's presence. Sometimes a written agreement is in order. Also, it will be the worker's responsibility to check with each person participating to determine if progress is being made, or if difficulties have been encountered. The worker may be able to do this by telephone. Occasionally, it may be necessary to get all the participating persons together as a group and go over the situation. Another issue which the worker must be alert to is the need for coordination with other agency personnel involved. The older person may be being served by a social worker from the welfare department, visited occasionally by the public health nurse, as well as the outreach worker. When an outreach worker learns there are other professionals serving the older person, he should immediately contact these persons to determine what services they are offering. He should convey to the other professionals what his function is with the client. This will avoid duplication of time and service, and hopefully cut down on the confusion for the older person. It would be good practice if each agency would notify one another when their services are being terminated.

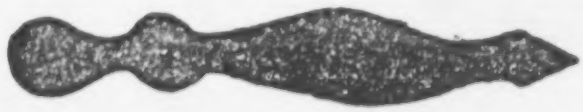
The worker must be alert to the fact that the older person may not act as quickly as others in carrying out his responsibility. An older person may be ready to take action, and then suffer a spell of poor health, or the older person may be distracted and forget about the agreed on activity. It is hoped that the worker will not get impatient or angry with the older person, or decide to take over for the older person. Older persons will require more time to make decisions and to take action on them. Even so, it is much better for the older person to participate as fully as possible than it is for someone to take away this right to do for himself.

SESSION FOUR - OBJECTIVE ONE

REACH OUT GAME[10]

Equipment Needed

1. Board
2. Four 3 X 5 cards with the names of the players printed clearly on each card - CLIENT, WELFARE WORKER, OUTREACH WORKER and SUPERVISOR.
3. Twelve pennies.
4. A spinner cut from a 3 X 5 card like the one shown: attach to dot in center of Problems circle -- with a thumb tack.



Rules of Play

1. Four should play this game.
2. For best results, the game should be played in front of the class. The instructor should try to involve the class to get their opinions about what is taking place in the game.
3. Mix the name cards up and each player pick a card. You are now that worker for one round. Stand your name card ir front of you so all players can see it.
4. All players except the client should have 4 pennies.
5. The client spins and selects a problem. (Eviction, Gas Off, etc.). Client then tells his problem, giving vivid details. The problems should be complicated and hard to solve. Example: If the client spins to EVICTION, he might tell the story something like this:

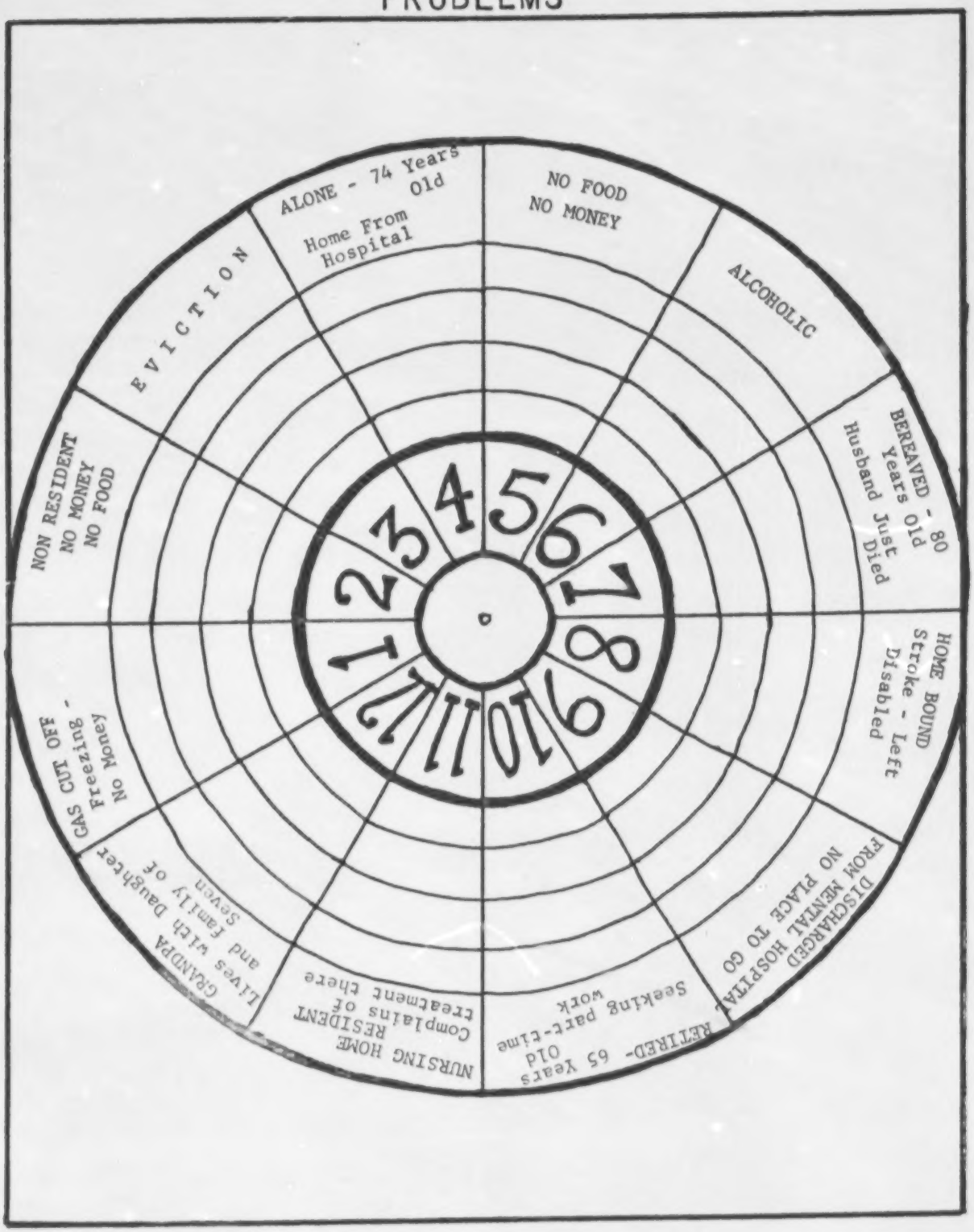
   "Last night my husband and I were evicted. I slept at a friend's house and my husband slept in an old junked car".

6. Each worker must now try to solve the client's problem. Each worker takes a turn and chooses what he thinks is the most important thing to

do for the client FIRST. He must choose one solution from the board - put a penny in front of that solution and explain his choice. Each worker in turn puts a penny in front of the solution he has picked.

7. If the client thinks that the solution the worker has chosen will not help him, he can remove that worker's penny and keep it. This is a good place to encourage discussion among the players and with the class about their reasons for selecting the solutions they did. If the client accepts the worker's solution to his problem, the worker keeps his penny.
8. Each player should take one turn at being the client.
9. Play four rounds with four different clients.
10. The winner is the player with the most pennies.

PROBLEMS


ALONE - 74 Years Old
Home From Hospital
NO FOOD
NO MONEY
ALCOHOLIC
BEREAVED - 80 Years Old
Husband Just Died
HOME BOUND
Stroke - Left Disabled
DISCHARGED FROM MENTAL HOSPITAL
NO PLACE TO GO
RETIRED- 65 Years Old
Seeking part-time work
NURSING HOME RESIDENT
Complains of treatment there
GRANDPA
Lives with Daughter and Family of Seven
GAS CUT OFF
Freezing -
No Money
NON RESIDENT
NO MONEY
NO FOOD
EVICTION
1
2
3
4
5
6
7
8
9
10
11
12
0

SESSION FOUR - OBJECTIVE ONE

REACH OUT GAME

1. Gas cut off - freezing - no money.
2. Non-resident - no money - no food.
3. Eviction - Social Security check delayed.
4. Alone - 74 years old - home from the hospital.
5. No food, no money.
6. Alcoholic
7. Bereaved - 80 years old - husband just died.
8. Homebound - stroke left disabled.
9. Discharged from mental hospital - no place to go.
10. Just retired - 65 years old - seeking part-time work.
11. Nursing home resident - complaining of treatment there.
12. Grandpa - lives with daughter and her family of seven.

A. Welfare Department
B. Gas Company
C. Salvation Army
D. Settlement House
E. Church
F. Legal Aid
G. Police
H. Landlord
I. State Employment Service
J. High Rise for Elderly
K. Newspaper want ads
L. Nursing Home
M. Social Security Office
N. Meals on Wheels
O. Family Service
P. Aging for Senior Volunteers
Q. Halfway House
R. Hospital Social Service
S. Public Health Nurse
T. Doctor or Clinic
U. Alcoholics Anonymous
V. Social Worker
W. Treatment Center for Alcoholics
X. Senior Day Center
Y. Mental Health Clinic
Z. Homemaker
AA. Relatives
BB. Employer
CC. Furniture Company
DD. Traveler's Aid
EE. Councilman
FF. Welfare department when client has legal residence.

SESSION FOUR - OBJECTIVE ONE

"Case Examples For Analysis In Problem Solving"

CASE EXAMPLE #5

Mrs. N., a crippled elderly woman, had a doctor's appointment at the hospital clinic at 2 P.M. Mrs. N. had been taking medicine for her high blood pressure and she had experienced a side reaction. Subsequently, she had stopped taking the pills. Needless to say, that left her nothing to deal with her dizziness. Because of Mrs. N's disability, she was unable to use public transportation. Thus, she must depend on someone to take her in a car. For the most part, she had been able to count on her nephew's wife to help her. They had moved out of town recently, thus leaving Mrs. N. extremely anxious about how she would get to her appointment. The outreach worker subsequently arranged to pick up Mrs. N. at 1:30. Because Mrs. N. received Medicaid through the social services department, she called the department to see if they could arrange transportation. Mrs. N. was not pleased with the response she received there, and doubted anyone would be out to transport her. She, therefore, did not bother to tell the outreach worker of her efforts. Shortly before 1:30 P.M. the social services van arrived. Mrs. N. was not quite ready to go, but was preparing to leave when the outreach worker arrived.

The time, money and services of two agencies were directed toward problem solving for Mrs. N. Discuss whether you think such an incident could have been avoided. If so, how? Outline your steps.

CASE EXAMPLE #6

Mr. P. has been going to the senior citizen's center where he is participating in the feeding program. Getting regular meals has really brought him out and he has put on weight and is looking much better. Transportation is arranged for him on a regular basis. One day, right before Mr. P. was to go to the center for lunch, Mr. P.'s son came by to pick him up to go for a ride. Incidentally, Mr. P. reported later that the son did not offer to buy him lunch.

Is this the type of thing which just happens and nothing can be done about it? Is there a way to accomplish both goals?

CASE EXAMPLE #7

When the outreach worker arrived at Mrs. K.'s home to see how the homemaker service was going, she found the elderly woman in a state of excitement and the homemaker in an angry mood. The homemaker reported to the worker that things had been going fine up until today. She related that she told Mrs. K that she was now out of groceries, but she would be glad to shop for her. When she asked Mrs. K. for some grocery money, Mrs. K. pitched a fit and said she would not give her money. She would do her own shopping by phone and have the store deliver the groceries by taxi. The homemaker tried to say that grocery shopping was one of the things she had assumed she would be doing for Mrs. K.

What has happened here? What would you suggest to correct the situation?

SESSION FOUR - OBJECTIVE TWO

"Ambivalence"

Up to now, the older person has participated in all of the discussion and planning which has gone on prior to the time. Occasionally, the worker may find that now he is at a point of helping the older person realize some change in his situation; the older person seems reluctant or resistant to the idea of doing what is called for or what he had agreed on earlier. The older person may seem to question the necessity of taking the steps, or may seem to have changed his mind entirely. Does this mean that the older person really no longer wants to do something about improving his situation? What has happened; how do we explain the older person's attitudes? We may conclude that the older person is ambivalent. This means that in every desire to do something, there is also a desire not to do it; every positive feeling also has in it something of the negative. Thus, we could say that a part of the older person wants to take action or make a move, while the other part holds back, unwilling to take this move. Usually one side or the other is stronger, and a decision is made. If both negative and positive feelings are about equal in the intensity, then the older person seems unable to make a move or reach a decision. He seems immobilized.

Dealing With the Client Who is Ambivalent

The worker needs to be sensitive to this type of situation. He should not urge or try to force the client in one way or the other. If we were to press, this would only cause the client to push harder against us. While we might think it would be good to review with the client the advantages of taking a certain action, experience has shown this will not be too helpful. The client usually does not need more reasons or logic. The reason he is unable to act is due to his fear. It is the anxiety or fear of the consequences of a decision for action which holds him back. The worker may feel frustrated in his attempts to help. He should encourage the client to talk

about his doubts and his fears, and let the client know that he understands this. He should convey that it is alright for the client to have and express these feelings. If the client comes to feel that the worker will not chastise or ridicule him, and if he really feels accepted by the worker, he is more likely to be able to look at his situation from a better perspective. He may then, with lots of support, begin to work through his feelings. He can then make a decision about his situation. He may or may not make the decision the worker would like. However, the worker must be prepared to accept the client's decision. If he feels disappointed, he must avoid letting his disappointment show as he talks with this client. He should continue to be supportive and understanding. The client in time may eventually come to make a more positive decision.

SESSION FOUR - OBJECTIVE TWO

"Choice"

It may seem strange to think of choice as one of the key concepts in social work with the aging. Professionals have a hard time with this concept, and it is no less easy to use in work with the aging. Can you see choice entering these common examples -- the concerned citizen who makes plans to put "the old lady down the street" in a nursing home; the older person who will not take his medicine except when he is in pain; the adult child who tells his parent she cannot get married again, and so on. Isn't it suprising that at a time when the older person seems to be losing everything else in life, that we all can rush in and want to take away the person's right to continue to choose and make decisions? We often do not even consult the older person about what we plan to do. Too often we let our concern and pressure from the family and community leaders sweep us into making hasty decisions for older people, without so much as bothering to inform them ahead of time of what we intend to do. And yet we wonder sometime later why the "little old lady down the street" is not making a good adjustment in the rest home, or why another older person refuses to unpack her belongings in the nice, new, warm high-rise apartment, or why grandfather won't stay in his basement room and watch his own TV instead of always staying upstairs where everyone else is. Older people have every right to rebel and reject changes which are brought on them, done to them or imposed on them -- sometimes through deceit, in this manner. Wouldn't you be angry and resentful if people ordered you around, forced you to do something without so much as asking how you felt about it? You bet you would. Sometimes worker and family members get caught in a dilemma about the older person's choices. Knowing the circumstances and capacities of the older person, we are afraid that he or she will fall, or set the house on fire, or become ill and not be able to summon help. And if something like this were to happen we

would feel responsible and guilty the rest of our lives. So we, as workers, sometimes go along with the outsider's request and do the safe thing. We get the older person to change to a situation which would ensure more or greater safety, yet which may not be satisfying psychologically at all to the person. What else is there to do in these situations? First, we should look to determine if there are alternate ways of serving the older person. The situation does not always have to come to an either/or type decision. I mean the older person continues to live at home in an unsafe environment, or else he moves to a rest home. Often the adult children and the older person are unaware of other service facilities in the community. It is your responsibility to know what these are, and under what circumstances they may be used. Similar living arrangements may be made which would be satisfactory to all concerned. We need to remember that all behavior is purposeful. The older person has a reason, a rationale for what he or she does or does not do. It may not make sense to us, but this is a part of working with them. We must try to understand the behavior so that we in turn will know how to relate and act. Sometimes once we learn the thinking and feeling behind the behavior, it makes more sense to us. We can understand, we can offer suggestions, advice, clarify issues or correct erroneous impressions. You may come across still other older people whose conditions pose a definite threat to their health and welfare who strongly resist any idea of change for the better. For some, it is a matter of physical or mental health; for others, it is a danger of hazarderous living arrangements or habits. Quite often it is a combination of both. So we are faced with a decision - do we go along with the client's choice, knowing that we are taking a risk, or do we keep trying to intercede, either directly or through others, while at the same time trying to work out other alternatives? It seems as though we are faced with two kinds of risks here. The first is in regard to what might happen to the person if we did not instigate some type of intervention. The second risk is one which we ordinarily overlook.

This risk is in the area of what may happen to the older person if we do force him/her to change, to take some action against his/her will. We are familiar with the notion of "transplantation shock" which we see occurring to older people who have had to leave home to go to a group care facility. They may suffer immeasurably and in some cases even die. Still other persons may seem to make a good adjustment in a rest home for about a month. Only later do they start a series of complaints, which when analyzed, indicate the client is trying to defeat the plan made for him by other people. People need more than a warm hot meal three times a day, a roof over their heads, and their medicine taken regularly. Some older people deprived of these basic items began to thrive when these are once again provided. Others need more. It is this other group of elderly which we may tend to not fully understand.

The worker has the responsibility of giving what one author calls "alternative advice". The older person hears from the worker that there are different ways of dealing with the problem. The worker also explains the consequences of each alternative. If the older person seems to be in such a poor state that the worker seriously questions his choice, then the worker will need additional help with the client. The worker and/or his supervisor should seek expert opinion about the older person's condition from a team of professionals -- doctor, psychiatrist, lawyer, social worker. From these appraisals the worker will know what steps should follow.

SESSION FOUR - OBJECTIVE THREE

"Ending The Contacts With The Older Person"

Depending on the nature of the work with the older client -- be it a one time only interview or a series of contacts which have resulted in a relationship forming over a period of time, the worker will want to acknowledge his ending with the older client. It is important to talk to the client about the fact that they will no longer be seeing each other and the reasons for this. The worker and client should review what has been undertaken, what has been accomplished and the client's reaction to it. The client will need to know that the worker is not abandoning him, but that they have finished their work together. Endings, like beginnings, tend to generate a variety of feelings. If the relationship has been a particularly satisfying one, the client may not wish to terminate. In some situations, the older client may verbalize this feeling; others may show this by denying that progress has been made; others may want to conjure up other problems in order to hold on to their worker. While this is very gratifying to the worker, he must be alert to what may be happening as he brings to a close his contacts with the client. Still other clients may overtly show little concern over the ending. Others will be angry. Others may be glad or some may seem indifferent.

Termination should not be suddenly thrust onto the client. Rather, the worker should prepare the client for the ending by introducing the subject several weeks before the last visit. If other service personnel, such as homemaker, public health nurse and so forth are to continue their work with the older client, the worker should make this clear so that the older person will know what to expect. Although a particular service may be completed for the time being, it is likely that the older client will need another type of assistance in the future. The worker should let the client know that the "door is open", i.e., the client should feel free to call if other assistance is required.

If for some reason the worker is reassigned or if he is leaving the job, and another worker takes his place, it would be very helpful if the original worker could help with this transition. It would be very helpful if the original worker could take the new worker out to meet the client so that the older person and the new worker may begin to get to know each other. The original worker can then brief the new worker on the situation. These procedures, though time consuming and seemingly insignificant, can mean quite a bit to the older client. He will feel that the worker cares what happens to him and, subsequently, he will begin to trust the new worker.

Summary

1. Ending should be acknowledged and discussed.
2. Ending should be planned and not suddenly thrust on the client.
3. Endings bring out a variety of emotions which should be recognized as normal reactions.
4. Ending should be a time for the worker and client to evaluate progress made, and to help the client affirm his gains.
5. The client will need to know if other service personnel will continue to work with him. If no other person will be immediately working with him, the older person should have a phone number he can call if he needs further attention.
6. If possible, the new worker should be introduced to the client before the original worker leaves.

SESSION FIVE

EVALUATING WHAT WE HAVE DONE ABOUT THE PROBLEM AND RECORDING OUR WORK

PURPOSE: To enable the worker to see the meaning of evaluating his work and the usefulness of recording his activities.

OBJECTIVES: At the end of the session, each worker should be able to:

1. Identify purposes of the evaluation.
2. Identify purposes of the recording.
3. Select material to be covered in a recording outline.

Time required: Two hours

Material Needed:

1. Teaching notes on "Purposes of Evaluation".
2. Sketch of role play for worker to end and evaluate work with older client.
3. Teaching notes on "Recording".
4. Copies of "Recording Outline" to give to group for write-up of own case.

SESSION FIVE

	OBJECTIVE		PROCEDURE	TIME
	Introduction		State Purpose of Session	5 Minutes
1.	To enable worker to identify the purposes of evaluation.	1.	Short comments from paper on evaluation	15 Minutes
		2.	Ask for role play on worker ending and evaluating work with older client.	30 Minutes
2.	To identify purposes of recording.	1.	Notes on recording	15 Minutes
3.	To be able to arrange material to be covered in a recording outline.	1.	Ask each group to think of a situation in which he is currently working. Have the group member "write-up" the case according to the outline (or a substitute format).	45 Minutes
		2.	Ask group members to share examples and discuss.	15 Minutes

SESSION FIVE - OBJECTIVE ONE

"Purposes Of Evaluation"

Regardless of whether one has reached the goal or not, there is a need to periodically evaluate the work which has taken place thus far. Evaluation is to help us know how we are doing toward meeting our goals. It lets us know if we are still on the right track, so to speak. Through evaluation we can determine if we have made mistakes, and what we have done appropriately or helpfully. Evaluation should give us reasons for our actions, so that we can learn from them -- what to avoid next time and what we can repeat. Evaluation may be uncomfortable at times because it requires the worker to look at his performance and reflect on his judgement as well as his activities. Evaluation of the worker's performance by himself and another person will serve to inject more objectivity in the appraisal. Another person not so involved may be able to see whether the worker is doing something which could be improved. This evaluation can begin to point the way to training needs which the worker may have. It could show a gap of knowledge of aging, or lack of skills or point to attitudes which are more harmful than helpful.

Evaluation can be done at two levels -- the worker with the client and other people involved in giving the service; and the worker, supervisor or director viewing the worker's performance from a more programmatic perspective. Sometimes evaluations will not always seem fair to a worker. At one level his records may show that he has been very active and worked very hard with a lot of clients, yet each individual client may indicate that he has not been very successful in his efforts. This points to the necessity of the agency deciding on the basis of the worker's evaluation. The worker may be judged by how many of his clients reach their goals. Or, the worker may be evaluated as to whether or not he contacted or interviewed X number of older people and talked to them about a nutrition program, regardless of how many eventually participated in the program.

Evaluation takes us back to the beginning of the problem solving process. It can give us clues as to whether we have defined or seen the problem correctly, set the appropriate goals, and chosen the right courses of action. Any miscues along the way would certainly influence just where we will end up in the process of our work with the client. We may find through tracing our steps that we do need to take a different approach or make shifts. Periodic evaluation will enable us to make these changes when they are needed.

When talking to clients about how things have gone, one must be prepared for possible differences of opinion regarding results. For example, a lonely client who was told about the senior citizen's center, encouraged to attend, and for whom transportation was arranged, may tell the worker that the center "isn't so hot". Yet, despite this lukewarm response, Mrs. Y. is attending the center regularly. The worker has observed that the client looks better, she smiles some now, her dress is neater - appearance is brighter, and the worker has also noted that Mrs. Y. has begun to refer in conversation to one of the other older persons who attends the center. Certainly this is tremendous progress in anyone's book, and goes a long way toward meeting the goal of helping alleviate the client's loneliness.

SESSION FIVE - OBJECTIVE TWO

"Recording"

1. The basic purpose of recording is to enable us to give better service to those whom we seek to help.

2. Uses of case records:

   A. Who uses a case record?

      1) worker, supervisor, area director, consultant, auditor, others.

   B. How do we use records?

      1) to assure validity of worker decisions,

      2) to help worker in clarifying his thinking and in further case actions,

      3) to point out service gaps and to help develop policy,

      4) to interpret the program,

      5) to aid in supervision and training,

      6) to avoid duplication of work,

      7) to preserve continuity of action.

3. Content:

   A. Points to Consider:

      1) avoid repetition,

      2) make every word count,

      3) consider use of phrases; of semi-colons,

      4) choose our words - avoid hackneyed expressions,

      5) use an outline [illegible] thoughtfully.

4. Types of Recordings:

   A. Chronological - date order of activities.

   B. Process - Verbatim - describes interaction of interview as it unfolds.

   C. Topical - agreed on topics such as health, housing, etc.

D. Summary - record the highlights, omit details.

E. Combination of these.

Types depend on:

1) time we have,

2) stenographic help we have available,

3) practices within the agency,

4) purposes of recording.

5. Case Records Reflect Social Work

A. An effective record usually will:

1) show the client his situation as related to any problems in living arrangements, family, health conditions, etc.;

2) show how the client feels about his problems;

3) show the process of exploring with the client what service resources have been offered, leaving him the choice of what to use;

4) give characteristics that will individualize the client;

5) show an effort to assist applicants toward self help;

6) will show what the agency and worker have meant to the client;

7) serve as a guide on what to do next and show what was done about certain problems, and with what results.

B. Case Records Can Talk

1) they can reveal worker's interest;

2) worker's ability to plan;

3) worker's prejudice, agency policy;

4) worker's strengths and weaknesses;

5) worker's supervision - quality and quantity; and

6) reveal where and how funds are spent.

Conclusion

1. The case record is only a means to an end -- the end being the best possible service to those who seek out help.
2. The case record is tangible evidence of time and money that have been spent.
3. The case record is a challenge to us to continue to strive to develop our skill in social work which will be reflected in our record.

SESSION FIVE - OBJECTIVE THREE

"Recording Outline"

Each case record would seem to warrant the five headings below:

1. Brief description of client's problem, including the way the client feels about it.
2. State the goals agreed on by worker and client.
3. State plan of action (what will be done) -- include estimate on how long it will take to reach the goal. Include persons to be involved in carrying out the plan.
4. Narrative (Description of the action on the case and by whom). The narrative or body of the record will perhaps lend itself to the greatest variation in recording style. Each agency will want to decide just what style will be most helpful -- the narrative can be full of detail or it can highlight the action.

   Example: Briefly identify the worker's activities in the client's behalf. Note the services offered, accepted, rejected, referrals made to which agency and reason. Identify other agencies which are also serving the client. Note any changes made in goals or the means in reaching them. Note additional problems and if they are being worked on with the client.
5. Evaluation -- State whether the problem has been solved and the goals reached. If goals are not reached, give an explanation. State whether the client is in need of continuing visits with a worker, and give the reasons. Give your recommendations for continuing work with the client.

FOOTNOTES

Session One

1. Biestek, Felix. The Casework Relationship, Chicago, Illinois: Loyola University Press, 1957, p. 14.

2. Lowry, Louis. Training Manual for Human Service Technicians Working With Older Persons, Part II Trainees. United Community Services of Metropolitan Boston, 1968, pp. 144-145.

3. Rosenberg, Janet. Breakfast: Two Jars of Paste, A Training Manual for Para-Professionals in the Human Services, U. S. Office of Economic Opportunity, 1969, pp. 62-66.

4. Lowry, op. cit., pp. 147, 149-150.

Session Two

5. Rosenberg, op. cit., pp. 69-71.

6. Ibid, pp. 78-80.

7. Ibid, pp. 72-73.

8. Lowry, op. cit., pp. 148-149.

Session Three

9. Lowry, op. cit., p. 144.

Session Four

10. Rosenberg, op. cit., p. 77